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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 9324

SERIAL NUMBER 09/830,018	FILING DATE 06/29/2001 RULE	CLASS 701	GROUP ART UNIT 3661	ATTORNEY DOCKET NO. ADAMS1100	
APPLICANTS Leslie John Cass, Middleburg, SOUTH AFRICA; ** CONTINUING DATA ** <i>28</i> THIS APPLICATION IS A 371 OF PCT/IB99/01723 10/21/1999 ** FOREIGN APPLICATIONS ** <i>28</i> SOUTH AFRICA 98/9689 10/23/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY SOUTH AFRICA	SHEETS DRAWING 6	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 5
ADDRESS Lisa A Haile Gray Cary Ware & Freidenrich 4365 Executive Drive Suite 1600 San Diego ,CA 92121					
TITLE Monitoring and identification system					
FILING FEE RECEIVED 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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ADDRESS Lisa A Haile Gray Cary Ware & Freidenrich 4365 Executive Drive Suite 1600 San Diego , CA 92121					
TITLE Vehicle identification system					
FILING FEE RECEIVED 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY SOUTH AFRICA	SHEETS DRAWING 6	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 5
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